



Please email the completed form to: slcp@justicesupportcentre.org.au

Sydney WDV CAS office number: 9287 7505

This form can be used by any service to refer a woman - 16 years and over - who is experiencing, or has experienced, domestic and family violence (DFV) to Sydney Women's Domestic Violence Court Advocacy Service (WDVCAS). WDV CAS can assist non-binary or gender diverse people if the person is comfortable working with a women's service. Sydney WDV CAS has both an Aboriginal DFV Worker and Multicultural DFV Worker.

Sydney WDV CAS covers the areas of Eastern Sydney ([Eastern Beaches PAC](#) & [Eastern Suburbs PAC](#)), Central Sydney ([Kings Cross PAC](#), [Surry Hills PAC](#), [South Sydney PAC](#) & [Sydney City PAC](#)) and Inner West ([Inner West PAC](#) & [Leichhardt PAC](#)). Each area has a Safety Action Meeting (SAM), which is coordinated by Sydney WDV CAS - there is more detail about the SAM on page 3. If the client lives elsewhere, you can call the state-wide WDV CAS number on 1800 938 227, enter the client's postcode, and this will direct you to her local WDV CAS.

Referrer details:

Date of referral	
Name	
Service	Position:
Contact number	Email:

Client details:

Client name	
Date of Birth	
Gender Identity	Pronouns:
Address	
Phone Number	Safe <input type="checkbox"/> Yes <input type="checkbox"/> No Details:
Is the client a person with disability?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes Details:
Does the client identify as LGBTIQ+?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes
Does the client identify as Aboriginal or Torres Strait Islander	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander
Does the client identify as from a CALD background?	<input type="checkbox"/> No <input type="checkbox"/> Yes Country of Birth: Temporary Visa: <input type="checkbox"/> Yes <input type="checkbox"/> No Visa type/subclass:
Does the client require an interpreter?	<input type="checkbox"/> No <input type="checkbox"/> Yes Language: If so, does the client have sufficient English for an initial phone call? <input type="checkbox"/> No <input type="checkbox"/> Yes Any additional details:
Name and age/DOB of any children	

Perpetrator details:

Name	
Relationship to client	
Date of birth (Note: must be 10 years or older)	
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other:
Address	

Referral details:**Why are you referring this client to the WDVCAS?**

- DOMESTIC AND FAMILY VIOLENCE SUPPORT** (e.g., information, referrals, legal advice about AVOs or help at Local Court) *please complete questions 1 to 4*
- and/or*
- CONSIDERATION FOR A SAFETY ACTION MEETING** *please complete questions 1 to 8*

Has the client consented to this referral?

Yes No

NOTE: WDVCAS can only accept non-police referrals with consent of the client. Please do not refer without consent unless you assess the client to be at 'serious threat' and the referral is for the SAM (refer to page 3).

- 1) Please provide an overview of the client's relevant situation**
- 2) Are you aware of any police involvement and/or court matter (ADVO/charges) for the client as victim?
Or for the client as defendant, but you assess that they are the primary victim?**
If so, please provide any details you are aware of e.g., AVO conditions

3) Have you made any other referrals or reports for the client? (For example: ROSH report, police, case management, counselling, financial, medical care etc)

No Yes

If so, please provide details including the date of referral and the service contact details

4) What are you hoping WDV CAS can assist the client with?

ADDITIONAL INFORMATION FOR SAM REFERRALS

If you are referring the client to a SAM, this means you think the client is at current 'serious threat' of injury or death due to domestic and family violence

Sydney WDV CAS coordinates the Eastern Sydney, Central Sydney and Inner West SAMs. The SAM is a fortnightly interagency meeting to discuss DFV victims who have been assessed to be at current 'serious threat' of injury or death. A victim can be identified as at 'serious threat' using the DVSAT (of 12 or more, if referring to current risk), or based on professional judgement.

Representatives of local police, WDV CAS, DCJ Child Protection, DCJ Housing, Community Corrections, NSW Health, Education (and other local services as required) attend each meeting. Victims do not attend the meeting. The SAM aims to prevent or lessen the serious threats to the life, health or safety of victims and their children. By sharing information, members put together a picture of each victim's situation in order to develop a 'Safety Action Plan'. The Safety Action Plan is a list of current, targeted actions that the services present can take, with the goal to reduce the threat level. The meetings are *not* case management meetings. The SAM does not replace the role and obligations of existing services (for example: ROSH reports, reporting to police, referrals, safety planning).

If you have questions, please contact Sydney WDV CAS. (For NSW Health staff, contact your Safer Pathway Clinician).

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- 5) If you have assessed this client to be at 'serious threat', please attach a completed DVSAT (or other risk assessment). Include any details of the known risks e.g., recency/frequency/severity**
- 6) Please summarise, either below or in the DVSAT, why you think the client is currently at 'serious threat'**
- 7) Is there something specific that you or the client are hoping can be discussed/actioned at the SAM?**

8) Has the client consented to being considered for the Safety Action Meeting?

Yes

No

If no, does the client know that you are making this referral? Yes No

Why is this referral being made without consent?

A service provider must seek the victim's consent unless it is unreasonable or impractical to do so (e.g., it would increase the threat to their safety). In certain circumstances, *Part 13A of the*

Crimes Act allows service providers to share information without a victim's consent where it is necessary to prevent or lessen a serious threat to safety. Referrals are assessed case-by-case; it may often be more appropriate for the referrer to discuss consent and the SAM process with the client if they have ongoing contact.

The client being involved in the discussion about a referral to the SAM enables:

- **The client's own assessment of their safety and needs to be known and shared.** If the matter is discussed at the SAM, this allows for more targeted actions to be considered; and maximises the benefit of the discussion.
- **Necessary safety planning to occur.** Information sharing to Police or Child Protection may trigger a mandatory response which could inadvertently increase the risk to the victim. *(For example, a client may not have reported the DFV to police and may have safety concerns about doing this, especially if still in the intimate relationship/ living with the perpetrator. Police may be obliged to contact the victim based on information shared at the SAM. If the client was not aware of this information-sharing occurring, and has not safety planned around this, this could increase the risk to their safety).*
- **Reducing the risk of the client disengaging from/losing trust in services** if they are made aware that information was shared without their knowledge/consent.